

**Hypnosis in
MPD:
Satanic
Ritual Abuse**

**“The Greenbaum
Speech”**

Greenbaum=Green Tree in Hebrew=Kabbalistic Sephiroth (Satanic Tree)

D. Corydon Hammond

B.S., M.S., Ph.D.

delivered at the Fourth Annual Eastern Regional Conference on Abuse and Multiple Personality Disorder (MPD), Thursday June 25, 1992, at the Radisson Plaza Hotel, Mark Center, Alexandria, Virginia. Sponsored by the Center for Abuse Recovery & Empowerment, The Psychiatric Institute of Washington, D.C.

Herein is the lecture by D.C. Hammond, originally entitled “Hypnosis in MPD: Ritual Abuse,” but now usually known as the “Greenbaum Speech,” delivered at the Fourth Annual Eastern Regional Conference on Abuse and Multiple Personality Disorder (MPD), Thursday June 25, 1992, at the Radisson Plaza Hotel, Mark Center, Alexandria, Virginia. Sponsored by the Center for Abuse Recovery & Empowerment, The Psychiatric Institute of Washington, D.C. Both a tape and a transcript were at one time available from Audio Transcripts of Alexandria, Virginia (800-338-2111). Tapes and transcripts of other sessions from the conference are still being sold, but—understandably—not this one. The transcript below was made from a privately made tape of the original lecture.

The single most remarkable thing about this speech is how little one has heard of it in the two years since its original delivery. It is recommended that one reads far enough at least until one finds why it’s called “The Greenbaum Speech.”

In the introduction the following background information is given for D. Corydon Hammond:

B.S., M.S., Ph.D. (Counseling Psychology) from the University of Utah.

Diplomate in Clinical Hypnosis, the American Board of Psychological Hypnosis.
Diplomate in Sex Therapy, the American Board of Sexology.
Clinical Supervisor and Board Examiner, American Board of Sexology.
Diplomate in Marital and Sex Therapy, American Board of Family Psychology.
Licensed Psychologist, Licensed Marital Therapist, Licensed Family Therapist, State of Utah.
Research Associate Professor of Physical Medicine and Rehabilitation, Utah School of Medicine.
Director and Founder of the Sex and Marital Therapy Clinic, University of Utah.
Adjunct Associate Professor of Educational Psychology, University of Utah Abstract.
Editor, The American Journal of Clinical Hypnosis.
Advising Editor and Founding Member, Editorial Board, The Ericksonian Monograph.
Referee, The Journal of Abnormal Psychology.
1989 Presidential Award of Merit, American Society of Clinical Hypnosis.
1990 Urban Sector Award, American Society of Clinical Hypnosis.
Current President, American Society of Clinical Hypnosis.

“The Greenbaum Speech”

Start Speech

We've got a lot to cover today and let me give you a rough approximate outline of the things that I'd like us to get into. First, let me ask how many of you have had at least one course or workshop on hypnosis? Can I see the hands? Wonderful. That makes our job easier.

Okay. I want to start off by talking a little about trance-training and the use of hypnotic phenomena with an MPD dissociative-disorder population, to talk some about unconscious exploration, methods of doing that, the use of imagery and symbolic imagery techniques for managing physical symptoms, input overload, things like that. Before the day's out, I want to spend some time talking about something I think has been completely neglected in the field of dissociative disorders, and that's talking about methods of profound calming for automatic hyper-arousal that's been conditioned in these patients.

We're going to spend a considerable length of time talking about age-regression and abreaction in working through a trauma. I'll show you with a non-MPD patient—some of that kind of work—and then extrapolate from what I find so similar and different with MPD cases. Part of that, I would add by the way, is that I've been very sensitive through the years about taping MPD cases or ritual-abuse cases, part of it being that some of that feels a little like using patients and I think that this population has been used enough. That's part of the reason, by choice, that I don't generally videotape my work. I also want to talk a bunch about hypnotic relapse-prevention strategies and post-integration therapy today.

Finally, I hope to find somewhere in our time-frame to spend an hour or so talking specifically about ritual abuse and about mind-control programming and brainwashing—how it's done, how to get on the inside with that—which is a topic that in the past I haven't been willing to speak about publicly. I have done that in small groups and in

consultations, but recently decided that it was high time that somebody started doing it. So we're going to talk about specifics today. [Applause]

In Chicago at the first international congress where ritual abuse was talked about I can remember thinking, "How strange and interesting." I can recall many people listening to an example given that somebody thought was so idiosyncratic and rare, and all the people coming up after saying, "Gee, you're treating one, too? You're in Seattle ... Well, I'm in Toronto ... Well, I'm in Florida ... Well, I'm in Cincinnati." I didn't know what to think at that point. It wasn't too long after that I found my first ritual-abuse patient in somebody I was already treating and we hadn't gotten that deep yet. Things in that case made me very curious about the use of mind-control techniques and hypnosis and other brainwashing techniques. So I started studying brainwashing and some of the literature in that area and became acquainted with, in fact, one of the people who'd written one of the better books in that area.

Then I decided to do a survey, and from the ISSMP&D [International Society for the Study of Multiple Personality and Dissociation] folks I picked out about a dozen and a half therapists that I thought were seeing more of that than probably anyone else around and I started surveying them. The interview protocol that I had, got the same reaction almost without exception. Those therapists said, "You're asking questions I don't know the answers to. You're asking more specific questions than I've ever asked my patients." Many of those same therapists said, "Let me ask those questions and I'll get back to you with the answer." Many of them not only got back with answers, but said, "You've got to talk to this patient or these two patients." I ended up doing hundred of dollars worth of telephone interviewing.

What I came out of that with was a grasp of a variety of brainwashing methods being used all over the country. I started to hear some similarities. Whereas I hadn't known, to begin with, how widespread these things were, I was now getting a feeling that there

were a lot of people reporting some similar things and that there must be some degree of communication here.

Then approximately two and a half years ago I had some material drop in my lap. My source was saying a lot of things that I knew were accurate about some of the brainwashing, but it was telling me new material I had no idea about. At this point I took note and decided to check it out in three ritual-abuse patients I was seeing at the time. Two of the three had what they were describing, in careful inquiry without leading or contaminating.

The fascinating thing was that as I did a telephone consult with a therapist that I'd been consulting with for quite a number of months on an MPD case in another state, I told her to inquire about certain things. She said, "Well, what are those things?" I said, "I'm not going to tell you, because I don't want there to be any possibility of contamination. Just come back to me and tell me what the patient says." She called me back two hours later, and said, "I just had a double session with this patient and there was a part of him that said, 'Oh, we're so excited. If you know about this stuff, you know how the Cult Programmers get on the inside and our therapy is going to go so much faster.'"

Many other patients since, have had a reaction of wanting to pee their pants out of anxiety and fear rather than thinking it was a wonderful thing. But the interesting thing was that she then asked, "What are these things?" They were word perfect—same answers my source had given me. I've since repeated that in many parts of the country. I've consulted in eleven states and one foreign country, in some cases over the telephone, in some cases in person, in some cases giving the therapist information ahead of time and saying, "Be very careful how you phrase this. Phrase it in these ways so you don't contaminate." In other cases not even giving the therapist information ahead of time so they couldn't. When you start to find the same highly esoteric information in different states and different countries, from Florida to California, you start to get an idea that there's something going on that is

very large, very well coordinated, with a great deal of communication and systematicness to what's happening.

So I have gone from someone kind of neutral and not knowing what to think about it all, to someone who clearly believes ritual abuse is real and that the people who say it isn't are either naive like people who didn't want to believe the Holocaust or—they're dirty. [Applause]

Now for a long time I would tell a select group of therapists that I knew and trusted, information and say, "Spread it out. Don't spread my name. Don't say where it came from. But here's some information. Share it with other therapists if you find it's on target, and I'd appreciate your feedback." People would question—in talks—and say, you know, they were hungry for information. Myself, as well as a few others that I've shared it with, were hedging out of concern and out of personal threats and out of death threats. I finally decided to hell with them. If they're going to kill me, they're going to kill me. It's time to share more information with therapists. Part of that comes because we proceeded so cautiously and slowly, checking things in many different locations and find the same thing.

So I'm going to give you the way in, with ritual-abuse programming. I certainly can't tell you everything that you want to know in forty-five or fifty minutes, but I'm going to give you the essentials to get inside and start working at a new level. I don't know what proportion, honestly, of patients have this. I would guess that maybe somewhere around at least fifty percent, maybe as high as three-quarters, I would guess maybe two-thirds of your ritual-abuse patients may have this.

What do I think the distinguishing characteristic is? If they were raised from birth in a mainstream cult or if they were a non-bloodline person, meaning neither parent was in the Cult, but Cult people had a lot of access to them in early childhood, they may also have it. I have seen more than one ritual-abuse patient who clearly had all the kind of ritual things you hear about. They seemed very genuine. They talked about all

the typical things that you hear in this population, but had none of this programming with prolonged extensive checking. So I believe in one case I was personally treating that she was a kind of schismatic break-off that had kind of gone off and done their own thing and were no longer hooked into a mainstream group. [Pause]

Here's where it appears to have come from. At the end of World War II, before it even ended, Allen Dulles and people from our Intelligence Community were already in Switzerland making contact to get out Nazi scientists. As World War II ends, they not only get out rocket scientists, but they also get out some Nazi doctors who have been doing mind-control research in the camps.

They brought them to the United States. Along with them was a young boy, a teenager, who had been raised in a Hasidic Jewish tradition and a background of Cabalistic mysticism, that probably appealed to people in the Cult, because at least by the turn of the century Aleister Crowley had been introducing Cabalism into Satanic stuff, if not earlier. I suspect it may have formed some bond between them. But he saved his skin by collaborating and being an assistant to them in the death-camp experiments. They brought him with them. They started doing mind-control research for Military Intelligence in military hospitals in the United States. The people that came, the Nazi doctors, were Satanists. Subsequently, the boy changed his name, Americanized it some, obtained an M.D. degree, became a physician and continued this work that appears to be at the center of Cult Programming today. His name is known to patients throughout the country. [Pause]

What they basically do is they will get a child and they will start this in basic forms, it appears, by about two and a half after the child's already been made dissociative. They'll make him dissociative not only through abuse, like sexual abuse, but also things like putting a mousetrap on their fingers and teaching the parents, "You do not go in until the child stops crying. Only then do you go in and remove it." They start in rudimentary forms at about two and a half and kick into high gear, it

appears, around six or six and a half, continue through adolescence with periodic reinforcements in adulthood.

Basically, in the programming the child will be put typically on a gurney. They will have an I.V. in one hand or arm. They'll be strapped down, typically naked. There'll be wires attached to their head to monitor electroencephalograph patterns. They will see a pulsing light, most often described as red, occasionally white or blue. They'll be given, most commonly I believe, Demerol. Sometimes it'll be other drugs as well, depending on the kind of programming. They have it, I think, down to a science where they've learned you give so much every twenty-five minutes until the programming is done.

They then will describe a pain on one ear, their right ear generally, where it appears a needle has been placed, and they will hear weird, disorienting sounds in that ear while they see photic stimulation to drive the brain into a brain wave pattern with a pulsing light at a certain frequency, not unlike the goggles that are now available through Sharper Image and some of those kinds of stores. Then, after a suitable period when they're in a certain brain wave state, they will begin programming, programming oriented to self-destruction and debasement of the person. In a patient at this point in time, about eight years old, who has gone through a great deal of early programming that took place on a military installation, that's not uncommon. I've treated and been involved with cases who are part of this original mind-control project, as well as having their programming on military reservations in many cases. We find a lot of connections with the CIA.

This patient now was in a Cult school, a private Cult school where several of these sessions occurred a week. She would go into a room, get all hooked up. They would do all of these sorts of things. When she was in the proper altered state, now they were no longer having to monitor it with electroencephalographs, she also had already had placed on her electrodes, one in the vagina, for example, four on the head. Sometimes they'll be on other parts of the body. They will then begin and they

would say to her, “You are angry with someone in the group.” She’d say, “No, I’m not” and they’d violently shock her. They would say the same thing until she complied and didn’t make any negative response. Then they would continue. “And because you are angry with someone in the group,” or “When you are angry with someone in the group, you will hurt yourself. Do you understand?” She said, “No” and they shocked her. They repeated again, “Do you understand?”—“Well, yes, but I don’t want to.” Shock her again until they get compliance. Then they keep adding to it. “And you will hurt yourself by cutting yourself. Do you understand?” Maybe she’d say yes, but they might say, “We don’t believe you” and shock her anyway. “Go back and go over it again.” They would continue in this sort of fashion. She said typically it seemed as though they’d go about thirty minutes, take a break for a smoke or something, then come back. They may review what they’d done and stopped, or they might review what they’d done and go on to new material.

She said the sessions might go half an hour, they might go three hours. She estimated three times a week. Programming under the influence of drugs in a certain brain wave state and with these noises in one ear and them speaking in the other ear, usually the left ear, associated with right hemisphere non-dominant brain functioning, and with them talking, therefore, and requiring intense concentration, intense focusing. Because often they’ll have to memorize and say certain things back, word-perfect, to avoid punishment, shock, and other kinds of things that are occurring. This is basically how a lot of programming goes on. Some of it’ll also use other typical brainwashing kinds of techniques. There will be very standardized types of hypnotic things done at times. There’ll be sensory deprivation which we know increases suggestibility in anyone. Total sensory deprivation, suggestibility has significantly increased, from the research. It’s not uncommon for them to use a great deal of that, including formal sensory-deprivation chambers before they do certain of these things. [Pause]

Now let me give you, because we don't have a lot of time, as much practical information as I can. The way that I would inquire as to whether or not some of this might be there would be with ideomotor finger-signals. After you've set them up I would say, "I want the central inner core of you to take control of the finger-signals." Don't ask the unconscious mind. The case where you're inquiring about ritual abuse, that's for the central inner core. The core is a Cult-created part. "And I want that central inner core of you to take control of this hand, of these finger-signals and what it has to do for the yes-finger to float up. I want to ask the inner core of you is there any part of you, any part of Mary," that's the host's name, "who knows anything about Alpha, Beta, Delta, or Theta?" If you get a Yes, it should raise a red flag that you might have someone with formal intensive brainwashing and programming in place.

I would then ask and say, "I want a part inside who knows something about Alpha, Beta, Delta, and Theta to come up to a level where you can speak to me and when you're here say, 'I'm here.'" I would not ask if a part was willing to. No one's going to particularly want to talk about this. I would just say, "I want some part who can tell me about this to come out." Without leading them ask them what these things are. I've had consults where I've come in. Sometimes I've gotten a Yes to that, but as I've done exploration it appeared to be some kind of compliance response or somebody wanting, in two or three cases, to appear maybe that they were ritual abuse and maybe they were in some way, but with careful inquiry and looking it was obvious that they did not have what we were looking for.

Let me tell you what these are. Let's suppose that this whole front row here are multiples and that she has an alter named Helen and she has one named Mary, she has one named Gertrude, she has one named Elizabeth, and she has one named Monica. Every one of those alters may have put on it a program, perhaps designated alpha-zero-zero-nine, a Cult person could say, "Alpha-zero-zero-nine" or make some kind of hand gesture to indicate this and get the same part out in any one of them even though they had different names that they may be known by to you.

Alphas appear to represent general programming, the first kind of things put in. Betas appear to be sexual programs. For example, how to perform oral sex in a certain way, how to perform sex in rituals, having to do with producing child pornography, directing child pornography, or prostitution. Deltas are killers trained in how to kill in ceremonies. There'll also be some self-harm stuff mixed in with that, assassination and killing. Thetas are called psychic killers.

You know, I had never in my life heard those two terms paired together. I'd never heard the words "psychic killers" put together, but when you have people in different states, including therapists inquiring and asking, "What is Theta," and patients say to them, "Psychic killers," it tends to make one a believer that certain things are very systematic and very widespread. This comes from their belief in psychic sorts of abilities and powers, including their ability to psychically communicate with "mother," including their ability to psychically cause somebody to develop a brain aneurysm and die. It also is a more future-oriented kind of programming.

Then there's Omega. I usually don't include that word when I say my first question about this or any part inside that knows about Alpha, Beta, Delta, Theta, because Omega will shake them even more. Omega has to do with self-destruct programming. Alpha and Omega, the beginning and the end. This can include self-mutilation as well as killing-themselves programming. Gamma appears to be system-protection and deception programming which will provide misinformation to you, try to misdirect you, tell you half-truths, protect different things inside. There can also be other Greek letters.

I'd recommend that you go and get your entire Greek alphabet, and if you have verified that some of this stuff is present and they have given you some of the right answers about what some of this material is, and I can't underline enough: DO NOT LEAD THEM. Do not say, "Is this killers?" Get the answer from them, please. When you've done this and it appears to be present, I would take your entire Greek alphabet, and

with ideomotor signals, go through the alphabet and say, “Is there any programming inside associated with Epsilon, Omicron,” and go on through. There may be some systematicness to some of the other letters, but I’m not aware of it. I’ve found, for example, in one case that Zeta had to do with the production of snuff films that this person was involved with. With another person, Omicron had to do with their linkage and associations with drug smuggling and with the Mafia, and with big business and government leaders. So there’s going to be some individualism, I think, in some of those. Some of those are come-home programs, “come back to the Cult,” “return to the Cult” program.

Here’s the flaw in the system. They have built in shut-down and erasure codes, so if they got into trouble they could shut something down and they could also erase something. These codes will sometimes be idiosyncratic phrases, or ditties. Sometimes they will be numbers maybe followed by a word. There’s some real individuality to that. At first I had hoped if we can get some of these maybe they’ll work with different people. No such luck. It’s very unlikely, unless they were programmed at about the same point in time as part of the same little group. Stuff that I’ve seen suggests that they carry laptop computers, the programmers, which still include everything that they did twenty or thirty years ago in them, in terms of the names of alters, the programs, the codes, and so on. Now what you can do is get erasure codes, and I always ask, “If I say this code, what will happen?” Double check. “Is there any part inside who has different information?”

Watch your ideomotor signals and what I’ve found is you can erase programs by giving the appropriate codes, but then you must abreact the feelings. So if you erase Omega, which is often where I’ve started because it’s the most high risk. Afterwards I will get all the Omega, what were formerly Omega alters, together so that we will abreact and give back to the host the memories associated with all the programming that was done with Omega and anything any Omega part ever had to do in a fractionated abreaction. They use the metaphor—and it is their metaphor—of robots, and it is like a robot shell comes down

over the child alter to make them act in robotic fashion. Once in a while internally you'll confront robots.

What I found from earlier work, and so I speed the process up now because I confirmed it enough times, is that you can say to the core, "Core, I want you to look—there's this robot blocking the way in some way, blocking the progress. Go around and look at the back of the head and tell me what you notice on the back of the head or the neck." I just ask it very non-leading, like that, and what's commonly said to me is that there were wires or a switch. So I'll tell them, "Hold the wires or flip the switch and it will immobilize the robot and give me a yes-signal when you've done it." Pretty soon you get a yes-signal. "Great. Now that the robot is immobilized, I want you to look inside the robot and tell me what you see." It's generally one or several children. I have them remove the children. I do a little hypnotic magic and ask the core to use a laser and vaporize the robot so nothing is left. They're usually quite amazed that this works, as have been a number of therapists. [Pause]

Now there are many different layers of this stuff is the problem. Let me come over to the overhead and give some ideas about them. What we have up here are innumerable alters. I'll tell you one of the fascinating things I've seen. I remember a little over a year ago coming in to see some cases, some of the tough cases at a dissociative-disorders unit of a couple of the finest of the MPD therapists in this country, who are always part of all the international meetings, and have lectured internationally. We worked and I looked at some of their patients. They were amazed at certain things because they had not been aware of this before, as we worked with some of the patients and confirmed it.

I remember one woman who'd been inpatient for three years, still was inpatient. Another who had one intensive year of inpatient work with all the finest MPD therapy you can imagine—abreactions, integrations, facilitating cooperation, art therapy, on and on and on, journaling, intensively for one inpatient year, followed by an intensive year of outpatient therapy, two or three hours a week. In both patients

we found out that all of this great work had done nothing but deal with the alters up here, and had not touched the mind-control programming. In fact it was not only intact, but we found that the one who was outpatient was having her therapy monitored every session by her mother, out-of-state, over the telephone, and that she still had intact suggestions that had been give to her, at a certain future time to kill her therapist.

Now one of the things that I would very carefully check is, I would suggest that you ask the core, not just the unconscious mind, ask the core, “Is there any part inside that continues to have contact with people associated with the Cult? Is there any part inside who goes to Cult rituals or meetings? Is there a recording device inside of Mary,” if that’s the host’s name, “a recording device inside so that someone can find out the things that are said in sessions?” This doesn’t mean they’re monitored. Many of them just simply have it. “Is there someone who debriefs some part inside for what happens in our therapy sessions?” I have the very uncomfortable feeling from some past experience that when you look at this you will find the large proportion of ritual-abuse victims in this country are having their ongoing therapy monitored.

I remember a woman who came in, about twenty-four years old, claimed her father was a Satanist. Her parents divorced when she was six. After that, it would only be when her father had visitation and he would take her to rituals sometimes, up until age fifteen. She said, “I haven’t gone to anything since I was fifteen.” Her therapist believed this at face value. We sat in my office. We did a two-hour inquiry using hypnosis. We found the programming present. In addition to that we found that every therapy session was debriefed, and in fact they had told her to get sick and not come to the appointment with me. Another one had been told that I was Cult and that if she came I would know that she’d been told not to come and I would punish her.

If anything meaningful comes out in a patient who’s being monitored like that—from what I’ve learned thus far, they’re tortured

with electric shocks—my belief is if they're in that situation you can't do meaningful therapy other than being supportive and caring, and letting them know you care a lot and you'll be there to support them. But I wouldn't try to work with any kind of deep material or deprogramming with them, because I think it can do nothing but get them tortured and hurt, unless they can get into a safe, secure inpatient unit for an extended period of time to do some of the work required. I have a feeling that when you make inquiries you're going to find that probably greater than fifty percent of these patients, if they're bloodline, meaning mother or dad or both involved, will be monitored on some ongoing basis. [Pause]

Now when you come below the alters, you then have Alpha, Beta, Delta, Theta, so and so forth, the Greek-letter programming, and they will then have backup programs. There will typically be an erasure code for the backups. There may be one code that combines all the backups into one and then an erasure code for them, simply one code that erases all the backups. So I will get the code for, let's say, Omega and for all the Omega backups at the same time. After I've asked "What will happen if I give this," I will give the code and then I will say, "What are you experiencing?" They often describe computer whirring, things erasing, explosions inside, all sorts of interesting things. I've had some therapists come back and say, "My Lord, I had never said anything about robots and she said something about robots vaporizing."

I remember one therapist who'd been with me in several hypnosis workshops and consulted with me about a crisis MPD situation. I told her to inquire about Alpha, Beta, Delta, Theta. She did. She got back to me saying, "Yeah, I got an indication it's there. What is it?" I said, "I'm not going to tell you. Go back and inquire about some of this." We set an appointment for a week or so hence. She got back with me and said, "I asked what Theta was and she said, 'psychic killers.' I asked her what Delta was and she said 'killers.'" Okay. So I told her about some of this stuff for a two-hour consult. She called back and she said, "This seemed too fantastic. I heard this and I thought, 'Has Cory been working too hard?'" She said, I'm embarrassed to admit it, but she said, "I held you

in high professional regard, but this just sounded so off in the twilight zone that I really thought, ‘Is he having a nervous breakdown or something?’” She said, “But I respected you enough to ask about this.” She said, “I asked another MPD patient and she didn’t have any of this.” So in this patient she started describing things and how she worked, for example, with an erasure and she was describing things like robots vaporizing and kinds of things. She said, “I hadn’t told her about any of these things.”

Well, here’s the problem. There are different layers and I think some of them are designed to keep us going in circles forever. They figured we probably, in most cases, wouldn’t get below the alters which they purposefully created.

The way you create Manchurian Candidates is you divide the mind. It’s part of what the Intelligence Community wanted to look at. If you’re going to get an assassin, you’re going to get somebody to go do something, you divide the mind. It fascinates me about cases like the assassination of Robert Kennedy, where Bernard Diamond, on examining **Sirhan Sirhan** found that he had total amnesia of the killing of Robert Kennedy, but under hypnosis could remember it. But despite suggestions he would be able to consciously remember, could not remember a thing after was out of hypnosis. I’d love to examine Sirhan Sirhan.

It appears that below this we’ve got some other layers. One is called “**Green Programming**” it appears. Isn’t it interesting that the doctor’s name is Dr. Green? One of the questions, in a way that does not contaminate, is after I’ve identified some of this stuff is there and they’ve given me a few right answers about what some of it is, “If there was a doctor associated with this programming and his name was a color, you know, like Dr. Chartreuse or something, if his name was a color, what color would the color be?” Now once in a while I’ve had some other colors mentioned, in about three or four patients that I felt were trying to dissimulate in some way and I don’t really believe had

this. In one case I got another color and I found out later it was a doctor whose name was a color who was being trained by Dr. Green, almost thirty years ago, and he supervised part of the programming of this woman under this doctor.

I remember one woman couldn't come up with anything. No alter would speak up with anything. I said, "Okay," and we went on to some other material. About two minutes later she said, "Green, do you mean Dr. Green?" We found this all over. There appears to be some Green Programming below that, and I suspect that you get down to fewer and more central programs the deeper you go. Well, all Green Programming is Ultra-Green and the Green Tree.

Cabalistic mysticism is mixed all into this. If you're going to work with this you need to pick up a couple of books on the **Cabala**. One is by a man named Dion Fortune called "Qabala" with a "q," Dion Fortune. Another one is by Ann Williams-Heller and it's called "The Kabbalah." I knew nothing about the Cabala. It was interesting. A patient had sat in my waiting area, got there considerably early and drew a detailed multicolored Cabalistic Tree over two years ago. It took me two months to figure out what it was. Finally, showing it to somebody else who said, "You know? That looks an awful lot like the Cabala Tree." And that rang a bell with something esoteric in an old book and I dug it out. That was the background of Dr. Green.[Note:1]

Now the interesting thing about the Green Tree is his original name was **Greenbaum**. What does "greenbaum" mean in German? Green Tree, Ultra-Tree and the Green Tree. I've also had patients who didn't appear to know that his original name was Greenbaum, volunteered that there were parts inside named Mr. Greenbaum.

Now let me give you some information about parts inside that may be helpful to you if you're going to inquire about these things. Because my experience is, one part will give you some information and either run

dry or get defensive or scared and stop, and so you punt and you make an end run and you come around the other direction, you find another part. I'll tell you several parts to ask for and ask if there's a part by this name. And, by the way, when I'm screening patients and fiddling around with this, I throw in a bunch of spurious ones and ask, "Is there a part inside by this name and by that name" as a check on whether or not it appears genuine. For example, "In addition to the core," I ask, "is there a part inside named Wisdom?" Wisdom is a part of the Cabalistic Tree. Wisdom, I've often found, will be helpful and give you a lot of information. "Is there a part inside named Diana?" I mean I may throw in all sorts of things. "Is there a part inside named Zelda?" I've never encountered one yet! Just to see what kind of answers we get. I try to do this carefully.

Diana is a part that, in the Cabalistic system, is associated with a part called the **Foundation**. You will be fascinated to know that. Remember the Process Church? Roman Polanski's wife, **Sharon Tate**, was killed by the Manson Family who were associated with the Process Church. A lot of prominent people in Hollywood were associated and then they went underground, the books say, in about seventy-eight and vanished. Well, they're alive and well in southern Utah. We have a thick file in the Utah Department of Public Safety documenting that they moved to southern Utah, north of Monument Valley, bought a movie ranch in the desert, renovated it, expanded it, built a bunch of buildings there, carefully monitored so that very few people go out of there and no one can get in, and changed their name. A key word in their name is "Foundation." The Foundation. There are some other words. The Foundation is part of the Tree. So you can ask, "Is there something inside known as The Foundation?"

I might ask other things to throw people off. "Is there something known as the Sub-Basement?" Well, maybe they'll conceive of something. Or "Is there something known as the Walls?" There are a variety of questions you can come up with, to sort of screen some things.

I've also found that there will often be a part called "Black Master," a part called "Master Programmer," and that there will be computer operators inside. How many of you have come into computer things in patients? There will typically be computer operators: Computer Operator Black, Computer Operator Green, Computer Operator Purple. Sometimes they'll have numbers instead, sometimes they'll be called Systems Information Directors. You can find out the head one of those. There'll be a source of some information for you. I will ask inside, "Is there a part inside named Dr. Green?" You'll find that there are, if they have this kind of programming, in my experience.

Usually with a little work and reframing, you can turn them and help them to realize that they were really a child-part, who's playing a role and they had no choice then, but they do now. You know, they played their role very, very well, but they don't have to continue to play it with you, because they're safe here. And in fact, "If the Cult simply found out that you talked to me, that they know you had shared information with me, you tell me what would they do to you?" Emphasize that the only way out is through me and that they need to cooperate and share information and help me and that I'll help them. So all these parts can give you various information.

Now they have tried to protect this very carefully. Let me give you an example with Ultra-Green. I discovered this—by the way I used to think this programming was only in bloodline people. I've discovered it in non-bloodline people, but it's a bit different. They don't want it to be just the same. I don't think you'll find deep things like Ultra-Green and probably not even Green Programming with non-bloodline people. But let me tell you something that I discovered first in a non-bloodline and then in a bloodline. We were going along and a patient was close to getting well, approaching final integration in a non-bloodline and she suddenly started hallucinating and her fingers were becoming hammers and other things like that. So I used an affect-bridge and we went back and we found that what happened was that they gave suggestions, that if she ever got well to a certain point she would go crazy.

The way they did this was they strapped her down and they gave her LSD when she was eight years old. When she began hallucinating they inquired about the nature of the hallucinations, so they could utilize them in good Ericksonian fashion, and build on them and then combine the drug-effect with powerful suggestions. "If you ever get to this point you will go crazy. If you ever get fully integrated and get well you will go crazy like this, and will be locked up in an institution for the rest of your life." They gave those suggestions vigorously and repetitively. Finally they introduced other suggestions that, "Rather than have this happen, it would be easier to just kill yourself." In a bloodline patient then, as I began inquiring about deep material, the patient started to experience similar symptoms. We went back and we found the identical things were done to her.

This was called the "Green Bomb." B-O-M-B. Lots of interesting internal consistencies like that, play on words with Dr. Greenbaum, his original name. Now in this case it was done to her at age nine for the first time, and then only hers was different. Hers was a suggestion for amnesia. "If you ever remember anything about Ultra-Green and the Green Tree you will go crazy. You will become a vegetable and be locked up forever." Then finally the suggestions added, "And it'll be easier to just kill yourself than have that happen to you, if you ever remember it." At age twelve then, three years later, they used what sounds like an Amytal interview to try to breach the amnesia and find out if they could. They couldn't. So then they strapped her down again, took and gave her something to kind of paralyze her body, gave her LSD, an even bigger dose and reinforced all the suggestions. Did a similar thing at the age of sixteen. So these are some of the kind of booby traps you run into. There are a number of cases where they combined powerful drug effects like this with suggestions, to keep us from discovering some of this deeper level stuff.

What's the bottom? Your guess is as good as mine, but I can tell you that I've had a lot of therapists who were stymied with these cases who were going nowhere. In fact someone here that I told some basic

information about this to, in Ohio a couple of months ago, said it opened all sorts of things up in a patient who'd been going nowhere. That's an often common thing. I think that we can move down to deeper levels and if we deal with some of the deeper level stuff it may destroy all the stuff above it. But we don't even know that yet.

In some of the patients I'm working with we have pretty much dealt with a lot of the top-level stuff. I'll tell you how we've done some of that. We'll take and erase one system like Omega. Then we will have a huge abreaction of all the memories and feelings in a fractionated abreaction associated with those parts. I typically find I'll say to them, "Now that we've done this, are there any other memories and feelings that any parts that were Omega still have?" The answer's usually "No." At that point I will say, "I usually find at this point in time the majority, if not all, of those parts that used to be Omega no longer feel a desire or need to be different, realizing that you split off originally by them and want to go home to Mary and become one with her again." I use the concept often now—which came from a patient—of going home and becoming one with her. "Going back from whence you came" is another phrase I'll use with them. "Are there any Omega parts inside who do not feel comfortable with that or have reservations or concerns about that?" If there are we talk to them. We deal with them. A few may not integrate. My experience is most of the time they'll integrate and we may integrate twenty-five parts at once in a polyfragmented complex MPD.

I think it is vitally important to abreact the feelings before you go on. Also for many patients it hasn't seemed to matter the order we go in, but I've found a couple where it has. If it doesn't seem to matter I'll typically go Omega, then Delta, because they have more violence potential, then Gamma to get rid of the self-deception stuff. What I will do before I just assume anything and do that, is once we've done Omega and showed them that success can occur and something can happen and they feel relief after, I will say to them, "I want to ask the core—through the fingers—is there a specific order in which programs must be

erased?” You know maybe it doesn’t matter, but most of the time I found “No.” There are cases where we found “Yes.” I recommend doing one or two or three of those because they’ll produce relief and a sense of optimism in the patient. But then I would recommend starting to probe for the deeper level things and getting their input and recommendations about the order in which we go.

Question?

Q: What has been the typical age and typical gender of this type of person?

Dr. H: I know of this being found in men and women. Most of the patients I know with MPD ritual abuse that are being treated are women, however. I know of some men being treated where we’ve found this. A while back I was talking to a small group of therapists somewhere. I told them about some of this. In the middle of talking about some of this all the color drained out of one social worker’s face and she obviously had a reaction, and I asked her about it and she said, “I’m working with a five-year-old boy,” and she said, “Just in the last few weeks he was saying something about a Dr. Green.” I went on a little further and I mentioned some of these things and she just shook her head again. I said, “What’s going on?” She said, “He’s been spontaneously telling me about robots and about Omega.” I think you will find variations of this, and that they’ve changed it, probably every few years and maybe somewhat regionally to throw us off in various ways, but that certain basics and fundamentals will probably be there. I have seen this in people up into their forties, including people whose parents were very, very high in the CIA, other sorts of things like that. I’ve had some that were originally part of the Monarch Project, which is the name of the government Intelligence project.

Question in the back?

Q: I’m still not grasping how one starts, how you find out how to erase. How do you get that information?

Dr. H: I would say, “I want the core, if necessary, using the telepathic communication ability you have to read minds,” because they believe in that kind of stuff, so I’ll use it ... I was trained in Ericksonian stuff, “... to obtain for me the erasure code of all Omega programs. When you’ve done so, I want the yes-finger to float up.” Then I ask them to tell it to me. “Are there backups for Omega programs?” “Yes.” “Okay? How many backups are there?” “Six,” they say, let’s say. It’s different numbers. “Is there an erasure code for all the backup programs?” “No.” “Is there an erasure code that combines all the backups into one?” “Yes.” “Obtain that code for me and when you’ve got it, give me the yes-signal again.” It can move almost that fast in some cases where there’s not massive resistance.

Question?

Q: Yes, can you tell me what you know about the risks to the therapist? [Laughter]

Dr. H: You would have to ask.

Q: Yeah, I’d like to know that. What kind of data do you have given that you’ve had contact with large numbers of people? Not just threats, but also any injury, any family problems that have arisen. That’s one question. A second one is, are you aware of anybody that you’ve treated—or others—with this level of dissociation and trauma that have recovered? Integrated? Whole and happy?

Dr. H: Okay, I have one non-bloodline multiple, complex multiple who had this kind of programming, where they have a lot of access to the patient as neighbors and where the doctor, by the way, you’ll find physicians heavily involved. They’ve encouraged their own to go to medical school, to prescribe drugs to take care of their own, to get access to medical technology and be above suspicion. There have been a couple, in fact, in Utah who’ve been nailed now. We now in Utah have two full time ritual-abuse investigators with statewide jurisdiction under

the Attorney General's Office to do nothing but investigate this.
[Applause]

Okay? In a poll done in the State of Utah in January by the major newspaper and television station, they found that ninety percent of Utahans believe that ritual abuse is genuine and real. Not all of them believe it's a frequent occurrence, but some of that was imparted from two years of work by the Governor's Commission on Ritual Abuse, interviewing, talking, meeting people, gathering data. Now when people say, by the way, "There's no evidence. They've never found a body," that's baloney. They found a body in Idaho of a child. They've had a case last summer that was convicted on first degree murder charges, two people that the summer before that were arrested where the teenaged girl's finger and head were in the refrigerator and they were convicted of first-degree murder in Detroit. There have been cases and bodies.

Back to risk. I know of no therapist who's been harmed. But patients inform us that there will come a future time where we could be at risk of being assassinated by patients who've been programmed to kill at a certain time anyone that they've told, and any member of their own family who's not active. If that would come about is speculative. Who knows for sure? Maybe, but I don't think it's entirely without risk.

A question in the back?

Q: It seems to me that there seems to be some similarity between these kinds of programming and those people who claim that they've been abducted by spaceships and have had themselves physically probed and reprogrammed and all of that sort of thing. Since Cape Canaveral is across the Florida Peninsula from me and I don't think that they've reported any spaceships lately, I was just wondering is there any sort of relationship between this and that?

Dr. H: I'll share my speculation, that comes from others really. I've not dealt with any of those people. However, I know a therapist that I know and trust and respect who I've informed about all this a couple of

years ago and has found it in a lot of patients and so on, who is firmly of the belief that those people are in fact ritual-abuse victims who have been programmed with that sort of thing to destroy all their credibility. If somebody's coming in and reporting abduction by a flying saucer, who's going to believe them on anything else in the future? Also as a kind of thing that can be pointed to and said, "This is as ridiculous as that."

All I know is that I recently had a consult, a telephone consult, with a therapist where I had been instructing her about some of this kind of stuff. When we were consulting at one point in the fifth or sixth interview she said, "By the way, do you know anything about this topic?" I said, "Well, not really" and shared with her what I shared with you. I said, "If it were me being with this guy ..." that she'd been seeing for a couple of months, I said, "I would ask inside for the core to take control of finger-signals and inquire about Alpha, Beta, Delta, Theta." She proceeded to do all that, got back to me a week later and said, "Boy, were you on target. There is a part inside named Dr. Green. There's this kind of programming."

Yes?

Q: What's the difference between this kind of program and cult-type abuse and Satanic abuse in the kind of cults with the candles and the ...

Dr. H: This type of programming will be done in the cults with the candles and all the rest. My impression is this is simply done in people where they have great access to them, or they're bloodline and their parents are in it and they can be raised in it from an early age. If they are bloodline they are the chosen generation. If not, they're expendable and they are expected to die and not get well. There will be booby traps in your way, if they aren't non-bloodline people, that when they get well they will kill themselves. I'll tell you just a little about that. My belief is that some people that have ritual abuse and don't have this, have been ritually abused but they may be part of a non-mainstream group. The Satanism comes in the overall philosophy overriding all of this.

People say, “What’s the purpose of it?” My best guess is that the purpose of it is that they want an army of Manchurian Candidates, ten of thousands of mental robots who will do prostitution, do child pornography, smuggle drugs, engage in international arms smuggling, do snuff films, all sorts of very lucrative things, and do their bidding and eventually the megalomaniacs at the top believe they’ll create a Satanic Order that will rule the world.

One last question. Then I’ll give you couple of details and we need to shift gears.

Q: You have suggested and implied that at some point at a high level of the U.S. Government there was support of this kind of thing. I know we’re short of time, but could you just say a few words about the documentation that may exist for that suggestion?

Dr. H: There isn’t great documentation of it. It comes from victims who are imperiled witnesses. The interesting thing is how many people have described the same scenario, and how many people that we have worked with who have had relatives in NASA, in the CIA, and in the Military, including very high-ups in the Military.

I can tell you that a friend and colleague of mine, who has probably the equivalent of half the table space on that far side of the room, filled with boxes with declassified documents from mind-control research done in the past, which has been able to be declassified over a considerable—couple of decades—period, and has read more government documents about mind control than anyone else, has a brief that has literally been sent in the past week and a half asking for all information to be declassified about the Monarch Project for us to try to find out more.

Now let me just mention something about some of the stuff that my experience is in several patients now, that you may run into late in the process. I know I’m throwing a lot at you in a hurry. Some of it is completely foreign and some of you may think, “Gosh, could any of this

be true?” Just, you know, ask. Find out in your patients and you may be lucky and there isn’t any of this. Somewhere at a deep level you may run into some things like this.

Let me describe to you, if I can find my pen, the system in one patient. One patient I had treated for quite a while, a non-bloodline person. We had done what appeared to be successful work and reached final integration. She came back to me early last year and said she was symptomatic with some things. I started inquiring. I found a part there we’d integrated. The part basically said, “There was other stuff that I couldn’t tell you about and you integrated me and so I had to split off.” I had done some inquiring about things like Alpha, Beta as a routine part of it and found they were there and I said to this part, “Why didn’t you tell me about this stuff?” She said, “Well, we gave you some hints but they went right over your head.” Says, “I’m sorry, but we know that you didn’t know enough to help us, but now we know you can.” So the stuff started coming out. It was interesting.

She described the overall system—if I can remember it now—as being like this. The circle represented harm to the body, a system of alters whose primary purpose was to hurt her, including symptoms like Munchausen’s self-mutilation, and other kinds of things. Each of the triangles represented still another different system. She said, “With the exception of me,” this one part, “you dealt with the whole circle with the work that we did before but you didn’t touch the rest of the stuff.” Okay. In the middle of all this was still another system consisting of the Cabalistic Tree, which some of you are aware looks approximately like this with lines in between and so on and so forth. There’s a rough approximation. That represented another system. Then once we got past that she implied that this entire thing was somehow encompassed by, what do you call it, an hourglass. I kept thinking we were at final integration then I’d find some other parts.

This person had an eagle-eye husband that was watching for certain things that we found to be reliable indicators. So, often I would

get evidence of dissociation within a few days. It would suddenly be picked up. You know what we found was I continued to find evidence of dissociation and I'd find parts. Finally this part, as I got angry with him and said, "Why, when I give these ideomotor inquiries am I getting lied to?" This part said, "Because you don't understand. You're going to get us all killed." We started talking and then she basically said, "It's been programmed so that if you succeed and think you've succeeded, you will fail. They build it in as a way to laugh at you, that if you ever get us integrated, we will die." Here's what she said, this part said, "I'm one of twelve disciples," and I've seen this in others, twelve disciples within this hourglass, each of whom had to memorize a disciple-lesson which were basic Satanic kinds of premises, philosophies of life like "be good to those who hurt you, hate those who are nice to you," on and on and on. There may be two or three sentences like that associated with each, that they had to memorize them.

They said, "We are like grains of sand falling and when the last grain of sand falls, there's Death." I said, "Is Death a part?"—"Yes. When the last grain of sand falls the Sleeping Giant awakens." The Sleeping Giant was Death, who was then to kill them on Day-One or Day-Six after awakening, unless certain things were followed and we did some of those. Well, we also found Death had a sister as a backup, used with mirrors to create the sister part. We had to get past and deal with that too. Death had certain things that they said had to be done to integrate. I started to say, "Oh, come on, they lied to you before." She said, "Wait a minute. This is what they said you'd say. They said that no doctor would ever believe that they had to go to these extremes to get us well, and that's part of the reason they'd fail." I said, "Well, tell me, tell me again." She said, "I have to be dressed all in red. I have to have Demerol on board, to have taken Demerol. A code has to be given and it has to be in a room that's totally dark. It has to happen on Day-One or Day-Six after this part's been awakened."

I said what I'd have to lose? I had a psychiatrist give her a little Demerol. We used the code. My office didn't have any windows

anyway. It was pretty easy. Oh, and there had to be four, I think, candles lit. Well, fine. So we did it and everything went well. Maybe it would have gone well if we hadn't done it, but I decided not to take the chance and to trust the patient, maybe. Well, so we go on and then we find another part. There's Death And Destruction, another backup also with a sister that we had to get through. In fact, I think there were two backups there. Interestingly, the very last part was an extremely nice part, made especially that way so that they wouldn't want to lose them, because they would be so adorable and so loving and so sweet that they wouldn't want to maybe get rid of them. Then we found that she continued to have these feelings with this last part left now, of darkness and blackness inside. What did we find? A curtain.

She said, "They assumed that if you ever got to this point, you would," and along the way, by the way, we had encountered this stuff about the LSD stuff, the Green Bomb programming. The message was that she said, "There is a curtain behind which are the remaining feelings and memories, but it can't be opened from the middle. It's like a stage curtain. It has to be opened this way," that is it can't be opened. They assumed that you would try to deal with all the feelings. That can't be opened until you've dealt with that last part and they've integrated. So far it looks like we've got integration that's holding. So I found Death And Destruction and the Hourglass in non-bloodline. "The Tree and the Hourglass," this patient informed me, "were made of sand because we were meant to die. We're expendable. We're the unchosen generation." I've heard variously that it's crystals or blood that fills the Hourglass in bloodline people.

By the way, you can do real simple things like turn the Hourglass on its side so nothing can fall out, so time stands still to be able to do certain kinds of work. Spread the grains of sand on the seashore so that they can't be numbered and the time will not be counted. Got that idea from a ritual-abuse victim, who had seen some of this kind of programming done, that another therapist was seeing. So those would be just a few other hints about things that may be helpful or meaningful.

We're talking about very intensive things and at deep levels, to me this give us two things. One thing it gives to me is hope, because it gets to material and it makes progress like nothing else we've ever seen with these people who have it. The second thing it does for me is it demoralizes me too, because although three years ago I had a pretty good idea about the extent and breadth of what they'd done to these victims, I had no real appreciation for the depth and breadth and intensity of what they'd done.

I want to come back to the other question over here now. The other question is how many of them can get well? We don't know. In most things in the mental health profession we accept two-thirds of the patients are going to improve, maybe seventy percent. There's very little chance we can get everybody well. I think one of the sad things we have to face is that many of these patients will probably never be well.

My personal belief is that if they are being messed with, their only hope of getting well is if they can somehow get out of contact. Now I know patients who've gone to other states and simply had deep-level alters pick up the phone and call and said, "This is our new address and phone number" so that they could be picked up locally. I mean in an inpatient unit for an extended period of time. If they are in a Cult from their area and they are still being monitored and messed with, my own personal opinion is we can't get them well and can't offer more than humanitarian caring and supportiveness. Lots of therapists do not like to hear that. That's my opinion.

I believe that if somehow they're lucky enough to be wealthy enough to have protection, to have somehow gotten away in some way, and we can work with them without being messed with, that they have a chance to reach some semblance of normality and livability with enough intensive work. My own personal belief is I don't think anybody with this kind of programming is well in this country yet. There are some who are well along the way. I've got a couple who are well along in

their work and have done a tremendous amount, but they're clearly not well yet.

Q: Could you speculate on the relationship between this stuff and the fantasy games that have been proliferating, Dungeons and Dragons and that sort of thing?

Dr. H: Well, there are a lot of things out there to cue people. You want to see a great movie, interesting movie, to cue people? Go see "**Trancers II**." You can rent it in your video shop. Came out last fall. One night in sheer desperation for something at the video store, you know? Nine o'clock on Friday night. Everything's gone. I rented a couple of movies and one of them is that. Fascinating. They're talking about Green World Order. Yes, "Trancers II." And who is the production company? Full Moon Productions. I couldn't see much cuing in "Trancers I," but who's the production company in "Trancers I"? Alter Productions. There are lots of things around that are cuing.

There's an interesting person in the late sixties who talked about the Illuminati. Have any of you ever heard of the **Illuminati** with regard to the Cult? Had a patient bring that up to me just about exactly two years ago. We've now had other stuff come out from other patients. Appears to be the name of the international world leadership. There appear to be Illuminatic Counsels in several parts of the world and one internationally. The name of the international leadership of the Cult supposedly. Is this true? Well, I don't know.

It's interesting we're getting some people who we are trying to work with without cuing, who are saying some very similar things. There was an old guy in Hollywood in the late sixties who talked about the infiltration of Hollywood by the Illuminati. Certainly what some patients have said is all of this spook stuff, horror stuff, possession and everything else that's been popularized in the last twenty years in Hollywood, is in order to soften up the public so that when a Satanic world order takes over, everyone will have been desensitized to so many

of these things, plus to continually cue lots of people out there. Is that true? Well, I can't definitely tell you that it is.

What I can say is I now believe that ritual-abuse programming is widespread, is systematic, is very organized from highly esoteric information which is published no-where, has not been on any book or talk show, that we have found it all around this country and at least one foreign country.

Let's take a couple of quick questions and we need to get on to other material. Yes?

Q: Do you have any techniques for decreasing your level of uncertainty that a patient is or is not being still tampered with, "messed with," as you said?

Dr. H: Just that I would ask several of the parts I've inquired about, Core, Diana, Wisdom, Master Programmer, several parts inside I would ask about these sorts of things and I will keep asking it. As you do additional work and get a bit further, I would ask again to find out. In the back?

Q: I wonder if you've heard or you know of the Martin Luther Bloodline?

Dr. H: The what?

Q: Martin Luther Bloodline?

Dr. H: I know nothing about Martin Luther Bloodline. I'll give you one other quick tip. Ask him about an identification code. There's an identification code that people have. It will involve their birth date. It may involve places where they were programmed, and it will usually involve a number in there that will be their birth order, like zero-two if they were second-born. It will usually involve a number that represents the number of generations in the Cult, if they are bloodlines. I've seen up to twelve now, twelve generations.

Q: I have seen a lot of the things you've been describing today in several patients. I wanted to ask you a question about the Seven Systems. You mentioned something about systems here. Are there Seven Systems?

Dr. H: There has been that described in some patients, yes, the **Seven Systems**.

Q: Could you say what that is or a little diagram?

Dr. H: I don't think we know enough to know what it is, honestly. I think it may have to do with Seven Cabalistic Trees.

Q: Have you ever had any evidence where any of these people have been tagged, and there have been anything of their body-parts that might be related to this, private parts in particular?

Dr. H: Well, there are certainly people that have had tattoos, that have had a variety of other kinds of things, some of which have been, you know, documented in cases, but I mean to say, well, maybe they did that to themselves or had it done consciously to really prove something, nothing that occurs to me right off the bat.

Let me just take this one last question back there, and we need to go on to other material because we're never going to get through it all. I'll just ask you to hold your question.

Q: It's not a question but I wanted to say for myself, personally, and perhaps for others here as well, I wanted to thank you very sincerely for taking this time to come forward. [Applause]

Dr. H: Well, ... [Applause]

Q: Does anyone want to join us for a standing ovation for this material? It's wonderful. [Sustained applause]

Dr. H: A dear friend who's one of the top people in the field, who I know has had death threats, but I know struggled for professional credibility in believing in MPD, and was harshly criticized for even believing in that ten and fifteen years ago, and struggled to a point of professional credibility. I think in his heart of hearts he knows it's true, but he will say things like, "I wouldn't be surprised to find tomorrow it was an international conspiracy, and I wouldn't be surprised to find tomorrow that it is an urban myth and rumor." He tries to stay right on the fence and the reason is because it's controversial, because there is a campaign underway saying these are all false memories induced by, along with incest and everything else, by **"Oprah"** and by books like **"The Courage to Heal"** and by naive therapists using hypnosis. It's controversial.

My personal opinion has come to be that if they're going to kill me, they're going to kill me. There's going to be an awful lot of information that's been put away, that'll go to investigative reporters and multiple investigative agencies, if it happens, and an awful lot of people like you, I hope, that if I ever have an accident will be pushing for a very large-scale investigation. I think we have to stand up as some kind of moral conscience at some point, and I tried to wait until we had gotten enough verification from independent places to have some real confidence that this was widespread.

I know we've gone like a house afire to try to pack as much as I could in for you. I hope it's given you some things to think about and some new ideas and I appreciate being with you. [Long sustained applause]

[End of speech]